

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020468

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 93

FILED MAY 27 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10495

204952

3

4 0

5 0

6

7 0

8 2

9 1

10 1

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Webb City</b>  |                                  | c. CITY OR TOWN <b>Webb City</b>  |   |
| Length of stay in 1b<br><b>Life</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>616 N. Tom St.</b>  |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Randall L. Brotherton</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 22, 1963</b> |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-23-1959</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>child</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>3</b>                        |
| 11. BIRTHPLACE (City and state or country)<br><b>Joplin, Mo.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>Demis Brotherton</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Sylvia Briggs</b>   |   |
| 14. NAME OF HUSBAND OR WIFE  |                                  | 17. INFORMANT<br>Address<br><b>Demis Brotherton 616 N. Tom St.<br/>Webb City, Mo.</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>[redacted]</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Laryngeal Spasm</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Palsy</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                  | 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>5-23-63</b> to <b>5-23-63</b> and last saw her/him alive on <b>5-22-63</b><br>Death occurred at <b>8:20 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>P. B. Munson, D.O.</b>   |                                  | 22b. ADDRESS<br><b>Webb City, Mo.</b>   |   |
| 22c. DATE SIGNED<br><b>5-23-63</b>   |                                  | (State)   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>5-24-63</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Webb City Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county)<br><b>Webb City, Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Johnston-Simpson, Webb City, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-24-63</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Madeline Switzer</b>  |                                  |   |   |

USE BLACK INK  
OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.